REHABILITATION PROCEDURES

OF THE

MANITOBA WORKERS COMPENSATION BOARD

SECTION 100 COMMITTEE REPORT

TO THE

MINISTER RESPONSIBLE FOR THE WORKERS COMPENSATION ACT

OCTOBER, 1983

The Honourable Jay Covan
Minister of Environment Workplace Safety & Health
Province of Manitoba
Legislative Building
Winnipeg, Manitoba

Honourable Minister:

Your correspondence dated January 26, 1983 confirmed the appointment of the Section 100 Committee to review the present practices of the Rehabilitation Department of the Workers Compensation Board, and to afford recommendations regarding same.

The Committee, in keeping with its mandate, now has the honour of presenting this document resulting from its deliberations.

Respectfully submitted,

Mr. J. Art Coulter,
Chairperson

Mr. Denis Sutton,
Member

Dr. Paul Tisdale,
Member

Ms. Patty Holmes,
Member

Mr. Roger Beaudette.
Member

Mr. Bruno Zimmer,
Member

Mr. William Laird,
Member

Dorothy Serediuk,
Member

Dr. Ken Wylie,
Member

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Introduction to Report

INTRODUCTION TO REPORT

The Section 100 Committee was established by the Minister responsible for the Workers Compensation Board following a thorough review of the findings from both the Lampe Report as well as "Compensation Challenges for the Eighties". Both of these reports made mention of deficiencies and irregularities within the rehabilitation department of the Workers Compensation Board. "Compensation Challenges for the Eighties", arising from the investigations of Inspector D. C. Cooper, suggested "that without the further study and review it would be difficult to assess a number of serious concerns respecting the rehabilitation procedures of the Board".

The Lampe Report, written by Dr. Walter Lampe, was initiated in December 1979 by the Honourable Ken McMaster, Minister responsible for the Workers Compensation Board at that time. The report followed an entire review of all procedures under the Workers Compensation Board.

The "Compensation Challenges for the Eighties", arising from the investigations of Inspector D. C. Cooper, was initiated in December 1981 by the Honourable Jay Cowan, Minister responsible for the Workers Compensation Board. The report followed a formal inquiry in response to specific allegations against the Board.

This diversified Committee was provided with the following terms of reference:

A) To review the present practices of the rehabilitation department of the Workers Compensation Board in relationship to staffing levels, efficiency of existing programs and activities and any policies which may result in workers being returned to work in an inappropriate manner.

B) To review rehabilitation procedures with interested groups such as injured workers, employers, unions, the medical profession and interested members of the general public.

C) To investigate rehabilitation programs, policies and practices in other jurisdictions.

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D) To develop a comprehensive paper and recommendations on suggested improvements to the rehabilitation practices on the Workers Compensation Board. This paper and accompanying recommendations will be circulated to the interested public and submissions on possible changes will be solicited by the government upon receipt of the Committee's final report.

The Committee, in its embryonic stage, identified interest groups from the medical and educational fields as well as employee and employer organizations. These interest groups were advised of the Committee's existence, its term of reference and invited to make representation before the Committee. This invitation was well received and the submissions were considered most informative. In addition to the private interest groups, public hearings were convened in Winnipeg, Brandon, Flin Flon, The Pas and Thompson. The public hearings were also well received and a great number of individual worker's experiences were recorded.

This report is based on the dialogue obtained from both the private and public hearings as well as the Committee's jursdictional investigations. The list of organizations and individuals who made presentations to the Committee appear in the "Acknowledgement" section of this report and the actual transcripts of all presentations are available for perusal at the Environmental Management Division library, Building #2, 139 Tuxedo Avenue, Winnipeg, Manitoba.

Summary of Findings and Recommendations

SUMMARY OF FINDINGS AND RECOMMENDATIONS

* The most important finding to be recognized was the psychological effect as well as the motivational impediment created by the absence of early rehabilitative involvement. It is therefore considered imperative that there be early rehabilitative involvement where limitations or restrictions produced by the compensable condition may prevent a worker from returning to his/her usual occupation.

* Early involvement is also recommended where it is felt that a return to usual occupation will result in an exacerbation or aggravation of the compensable condition.

* The existing criteria that governs the referral of a claim from the claims to Rehabilitation Department does not place the desired emphasis on early intervention, therefore it is recommended that more definitive referral criteria be adopted which emphasizes the importance of early intervention.

* The time lapse between the referral of a claim to the rehabilitation counsellor and initial contact with the worker is found to be, at best, inconsistent, therefore, it is recommended that contact be made as soon as possible, but no later than one week from date of referral. This again is based on the proven benefits of early intervention by qualified rehabilitation counsellors.

* A study of other jurisdictions revealed a desired counsellor to worker ratio of 35 to 1, whereas information revealed that a worker to counsellor ratio of 200 to 1 existed at the Workers Compensation Board of Manitoba when the Committee first began its function. Recognizing the urgency to reduce this ratio to a more manageable level, the Committee submitted an

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interim report to the Minister recommending that additional rehabilitation counsellors be hired by the Board to meet the urgent needs of the injured workers. This recommendation received a positive response and it is our understanding that the ratio has since been reduced to approximately 95 to 1. It is hoped that this ratio will further be reduced to no more than 50 to 1.

* The brevity of services to workers in rural areas of the province, especially north of the 53rd parallel and west of Winnipeg, causes great concern. It is therefore recommended that satellite facilities be established in both Brandon and northern Manitoba. These facilities should each employ one rehabilitation counsellor and one support staff.

* The need for preventative rehabilitation and light duty policies were recognized as was the need for a statement of intent regarding the economical effect on rehabilitation programs.

* Throughout the investigations continuous lack of communication between the Board and both the employer and worker was found. It is recommended that the avenues of communication become more visible and that an education program involving employee and employer organizations be implemented to, among other things, ensure constant awareness of policy and/or procedural changes.

* On the subject of communication, it is also recommended that the rehabilitation counsellor act as a co-ordinator to ensure that there is no breakdown in communication between the medical practitioner, employer, worker and the Board.

* A frequent complaint was the method employed in transferring a worker's claim from the Claims Department to the Rehabilitation Department. This method has created unnecessary financial hardships for the worker as well as additional periods of stress. We are recommending that this method be terminated and that a more humane and professional method of transfer be employed.

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* The re-entry into the workforce is made difficult for the disabled worker by many employers. There are particular problems presented by a company with multiple bargaining units in existence. It is recommended that the time has come where the accommodation of a disabled worker must not be impeded by shortsighted employers or jurisdictional boundaries of individual bargaining units and/or administrative units.

* Findings have also revealed that the Rehabilitation Department is, to a certain extent, restricted in the development of rehabilitation programs due to accessibility problems regarding seats in the Community Colleges. It is recommended that some arrangements be made at the Ministerial level whereby the Workers Compensation Board would have warranted access to seating at the different Community Colleges on a priority basis recognizing impairment.

* Approximately one year ago a Task Force consisting of representatives from the Workers Compensation Board, the Health Sciences Centre and the University of Manitoba, was established to conduct a feasibility study with regard to expanding the rehabilitation facility at the Health Sciences Centre. However, this study has been held in abeyance pending this review. It is recommended that this task force be reactivated.

* It was recognized that there was a need for legislative amendments to the Act in order to provide a fair and just wage supplement, a supplement to replace loss of pension income, and a cost of living adjustment to compensation benefits where the disability is of a prolonged nature. The opinion of a number of interest groups which included medical, educational, scientific, employee and employer organizations was solicited, who, with the exception of one, were in favour of the furtherance of these proposed amendments.

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Detailed Recommendations

DETAILED RECOMMENDATIONS

This Committee has been determining and evaluating the present practices of the Manitoba Workers Compensation Board with respect to the "quality and quantity" of rehabilitative services provided to disabled and handicapped workers by the Board. We have received input from the present Workers Compensation Board, and various professional, scientific, industrial and manufacturing organizations as well as workers organizations, and individual workers who have been through "the system".

It became apparent almost immediately that present practices and procedures of the Board are not static but are in a state of flux. The Board has already become aware of some of the shortcomings in procedures and policies enacted in the past and in many instances have now reached or are approaching what are seen to be "minimum standards" when judged by present day criteria. Our task then therefore became one of defining absolute minimum standards and recommending of optimum standards to work toward as may be found to be practical and possible from time to time. It also became apparent quite early in our deliberations that rehabilitation of the disabled and handicapped workers into the productive work force is simply an ongoing continuation of the definitive treatment of the disabling condition. This treatment should continue until such time as the condition of the disabled person has become stable and that person is 100% effective and competitive in the workplace. Return to the workplace may be into either the pre-disability task or into a new position, the requirements of which are in keeping with any residual work limitations which may be persisting. The new position must also be within the capabilities of the person to perform competitively with persons who are free of any work limitations whatever.

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IT IS THUS APPARENT THAT REHABILITATIVE POTENTIAL MUST BE AND IS CONSIDERED FROM DAY ONE OF THE ONSET OF THE DISABILITY. THE REHABILITATION PROGRAM IS IN FACT (OR SHOULD BE) AN INTEGRAL PART OF ANY ADEQUATE TREATMENT PROGRAM.

We have therefore considered rehabilitation requirements, facilities and programs within the overall treatment facilities and programs of which they are a part.

The following recommendations and rationale are based on input from all parties previously referred to.

1. The Committee commends the present Board of Commissioners for finally outlining what they perceive to be the intent of the present legislation. This intent is endorsed following some broadening and clarification which we believe makes for a more all encompassing policy.

   "To provide rehabilitation services as an integral part of the treatment of any worker who has an approved claim and is suffering a continuing compensable impairment of any function that prevents a return to his/her regular occupation. These services are also applicable as a preventative measure where the usual type of employment is likely to cause an exacerbation or aggravation of the compensable condition".

   Where the worker qualifies under the above statement of intent the following services will be made available.

   (1) Vocational Counselling — encouraging the worker to participate in identifying a realistic career path on the basis of interest, experience, aptitude, ability and personality factors

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(2) Social Counselling	the assessment and addressing of personal and social problems which hinder the rehabilitation process
(3) Supportive Counselling	the formation of a relationship with the injured worker early in the recuperative process in order to monitor and assist in adjustment to and acceptance of the disability or condition
(4) Financial Counselling	the provision of specialized counselling relevant to budgeting, credit counselling i.e., foreclosure, repossession, debt, etc., in addition to commutation and/or long-term pension advance investigations
(5) Employment Counselling	to assist the worker in identifying and utilizing determined abilities to the maximum and preparation for job interview
(6) Vocational Evaluation	the identification and measurement of a worker's interests, aptitudes, learning potential and personality traits through various forms of testing
(7) Job Analysis	the determination of the physical and educational requirements of a specific occupation through on site evaluation

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(8)	Selective Job Placement	the matching of an individual worker's skills, interests and abilities to specific job opportunities
(9)	Assessment-Agency	the arrangement of trial placement with an employer to ascertain worker-job compatibility
(10)	Assessment-Agency	the measurement of a worker's physical and mental tolerances in a controlled environment
(11)	On-The-Job-Training	the means of acquiring alternate marketable skills leading to employment on a cost-sharing basis
(12)	Technical, Skill or Trades Training	the acquisition of theoretical knowledge and practical skills in a recognized institute of learning
(13)	Formal Training-Academic	the method utilized to upgrade the worker's academic level and enhance employability
(14)	Rehabilitation Aids	the payment for the provision, and/or replacement of special needs, employment and/or hobby/sports related

RATIONALE It is the opinion of the Committee that this broadening and clarification is necessary to properly define the eligibility and services aspects of the Rehabilitation program. It is also the opinion of this Committee that this policy statement and list of the services available be widely communicated to all interested groups and individuals.

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2. It is recommended that the following claims referral to rehab criteria be adopted.

> "Any claim where a worker sustains an accident or suffers from an industrial condition or disease that may prevent the worker from returning to his/her usual occupation shall be immediately referred for Rehabilitation assessment."

In any event all cases where the time loss exceeds or is likely to exceed four weeks shall be referred to the Rehabilitation Department for assessment.

RATIONALE The Committee believes that the present criteria does not adequately address the importance of early intervention. Information available to the Committee tends to support the belief that early intervention greatly increases the degree of functional success that may be possible in a rehabilitation program from both the physical and psychological perspectives.

3. In order to make certain that the files referred for Rehabilitation assessment, following application of the above criteria, are handled in a prompt and efficient manner, it is further recommended that two senior rehabilitation personnel be assigned the task of screening the referrals and making the necessary referral to the individual counsellors. These designates should also have access to a physician in the Board's Medical Department should any form of medical clarification be deemed necessary.

RATIONALE It is our belief that this procedure will promote the identified importance of early intervention thereby greatly reducing the volume of cases where lack of early intervention has resulted in either a prolonged and costly rehabilitation period or a situation where completely successful rehabilitation is no longer possible.

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4. It is recommended that initial contact following referral to a counsellor should take place as soon as possible but under no circumstances no later than one week from the date of referral unless medical circumstances negate said contact.

RATIONALE This recommendation simply reinforces the recognized importance of early intervention and is intended as a measure to make this a reality. We note that at the present time initial contact following referral is inconsistent. There is a need to provide early assurance to the worker that an extensive rehabilitation program is available to assist him/her in all eventualities.

5. In recognition of the ever increasing number of workers that are being declared as being "fit for light duties only" it is our opinion that the following recommendation was in order.
Based on the referral criteria contained in this report all cases where a "light duty" restriction has been imposed will be referred for Rehabilitation assessment. It is therefore recommended that where necessary the counsellor will seek clarification from the treating physician exactly what restrictions are being imposed on the worker and what the anticipated duration of these restrictions will be. The counsellor should then meet with the employer, employee and if applicable union representative to clarify the restrictions and hopefully bring about accommodation by the employer. Where a worker returns to employment the compensation shall be a weekly payment of 75% of the difference between the average weekly earnings of the worker before the accident and an average amount that he/she is able to earn in some suitable employment or business thereafter. If the worker does not return to work, the compensation shall be a weekly payment equivalent to that which he/she would have been entitled were he temporarily totally disabled subject to the worker's continued co-operation in a rehabilitation program. In the same vein it is also recommended that efforts be made through the normal avenues to bring about a more definitive description of the physical restrictions imposed on the worker rather than the commonly used phraseology "fit for light duties only".

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RATIONALE It is our opinion that a procedural recommendation such as this was necessary to improve consistency and efficiency within the system as well as to prevent the premature termination of benefits prior to the worker returning to full duties and remuneration.

6. The following is a recommendation of the co-ordinating role a Rehabilitation Counsellor should take in the sequence of events that would occur in the ideal rehabilitation program.

This includes the liaison between various parties and interest groups such as the medical and paramedical professions, the employer, the union, vocational assistance personnel and the worker.

(1) In order to act as a skillful co-ordinator, a Counsellor must be professionally trained in the social sciences as well as possess a general knowledge of the other fields in which he/she must interact.
(2) A Counsellor must have the available time to provide a meaningful service in the eyes of both the employer, who is in reality the plan sponsor, and, more importantly, the injured worker.
(3) In order to achieve the desired results in item 2. above, three criteria must be re-addressed:

a) Reference should be made to criteria previously cited as to whom and when rehabilitative services are to be provided.
b) Counsellors must eventually deal only with a caseload which allows them to provide a cost-effective quality service to the injured worker.
c) The injured worker must realize that a certain amount of responsibility lies within himself/herself for this rehabilitation process to be successful and sustained.

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(4) All parties involved must be brought in touch with the purpose of the Rehabilitation Counsellor. To this end, educational sessions may, in most cases, be required to enable employers, unions, the medical and paramedical professions and everyone else involved in the rehabilitation process to understand each others' roles. This need is well met by an accreditable employee occupational safety and health program where such programs exist.

(5) As a co-ordinator, the Counsellor should be well-versed with the circumstances of each case from the time the injured worker became a claim which would imply early intervention on behalf of the Rehabilitation Counsellor. This will also facilitate the development of a very much-needed relationship and feeling of trust between the Counsellor and the injured worker.

(6) In order to be an effective co-ordinator, a Counsellor must establish contact with all sources needed in rehabilitating an injured worker: vocational, medical, academic, and on-the-job.

(7) A system must be developed which keeps the Rehabilitation Counsellor updated on all aspects of rehabilitation as they are taking place.

(8) Once item 7. is in place, the Counsellor as co-ordinator must have the responsibility to take issue with the parties involved if he or she is not satisfied with the progress or manner in which a certain aspect of rehabilitation is being carried out and in this regard may promote the assessment of need for supplementation of services.

As co-ordinator, the Counsellor should have the ability and commitment to follow up with each case at some appropriate time, to ensure that, within the parameters of the Workers Compensation Board's Rehabilitation objectives, the rehabilitation has been successful.

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RATIONALE The rationale to the above mentioned recommendations is based on early intervention and open communications to reduce costs over the long term and limit the psychological problems related to sustaining a serious injury.

It is the belief of the Committee that by addressing these areas in all aspects of Rehabilitation, including that of the Rehab Counsellor's role as a co-ordinator, many of the problems now being faced will be eliminated in due course.

7. It is recommended that the following statement of intent be recognized:

" Where existing employment opportunities in the community prevent the immediate placement of a worker, who qualifies for job placement assistance, benefits equivalent to that which the worker would have been entitled had he/she been totally temporarily disabled shall be continued until successful placement has been achieved providing the worker continues to co-operate in his/her rehabilitation program."

RATIONALE It is the opinion of the Committee that this type of situation is created by the inability of the worker to return to his/her usual occupation by reason of the compensable accident. Therefore the worker should not suffer the financial consquences. It is also our opinion that situations such as these can be held to a minimum with the utilization of an effective re-employment program.

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8. It is recommended that the Board designate an experienced counsellor as a re-employment specialist who would be responsible for the development of a job bank, educating employers as to the benefit of hiring a disabled worker as well as keeping the respective counsellors up to date on any new employment opportunities, placement techniques and marketability of different trades.

   RATIONALE The Committee found that a great number of workers receiving rehabilitation services simply required suitable job placement and that not enough emphasis was being placed on this vital function. The cost effectiveness of this program, if run efficiently, would in all likelihood offset any additional manpower costs.

9. It is recommended that the Minister responsible for the Workers Compensation Board initiate meetings with the Minister of Education to bring about an arrangement whereby the Workers Compensation Board would have access to available seats in the community colleges throughout the province on a warranted priority basis recognizing impairment.

   RATIONALE We found that the counsellor's ability to develop an effective rehabilitation program was limited by his/her inability to gain access to seats at the community colleges throughout Manitoba. An arrangement similar to that enjoyed by Canada Manpower at the present time may be one solution to the Board's problem in this area. It is imperative that some arrangement be made that would facilitate the early inception of retraining programs so as to reduce the mental and physical deterioration that often accompanies inactivity.

10. It is recommended that a better line of communication be created between the Claims Services and the Rehabilitation Department especially when it involves the transfer of the worker's claim from the claims to the rehab department. Where a claim is being referred from the Claims Services to the Rehabilitation Department it is recommended that benefits not be terminated by the Claims Services as is the present practice and that benefits be continued until terminated or varied by the Rehabilitation Department.

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RATIONALE All too often in the past a worker has received a letter from the Claims Services indicating that his/her claim was being referred to the Rehabilitation Department and that his/her benefits would be terminated on a certain date. Under normal circumstances, the Rehabilitation Department would commence payment of rehabilitation benefits effective the date of termination by the Claims Services, however, due to the staffing problem that exists, some cases that were transferred were not assessed prior to the termination date therefore no arrangements were made to put the worker on rehabilitation benefits. Those workers that had been in contact with the rehabilitation department interpreted the letters to mean that they were being terminated. All in all, there is a drastic need to improve upon the communication between the Claims and Rehabilitation Departments.

11. It is recommended that satellite facilities be established in both Brandon and Northern Manitoba. It is further recommended that these facilities employ a minimum of one rehab counsellor per facility as well as one support staff.

RATIONALE During the public hearings conducted north of the 53rd parallel, and in Brandon we heard continuous complaints regarding the lack of service from the counsellor in these two areas. Following meetings with the Board it was established that due to insufficient staffing a counsellor visited the rural areas once every six weeks. It is the the opinion of this Committee that this allotment of counsellor time was not conducive to efficient rehabilitation. It is also our opinion that by having a satellite facility in Brandon and Northern Manitoba, visitation on a more frequent basis could be realized and also the counsellor would become acquainted with the different industries and their proprietors, therefore enhancing placement of injured workers. The incumbents would also maintain an ongoing relationship with all aspects of rehabilitation services available in the community to which worker referral could be expedited. The Committee believes that there is sufficient volume in both Northern Manitoba as well as Brandon and the surrounding areas to warrant the implementation of this

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recommendation. The high industrial concentrations in these areas have created the present volume of rehabilitation cases and there is no indication that this will diminish in the future.

12. It is recommended that a comprehensive education program be designed and implemented to improve the employee and employer organization's awareness of the rehabilitation function, philosophy, and re-employment programs.

RATIONALE During the presentations which were received at the public hearings we found that workers, employers, and employee organizations were simply not aware of the services available from the rehabilitation department nor were they fully familiar with the function of the rehabilitation department. It is our opinion that a lot of resistance presently experienced would be reduced if there was a better line of communication and awareness.

13. It is recommended that efforts be made by the Board through consultation with labour unions and industry to bring about some concession whereby a disabled worker can be accommodated in an organization without restriction by union or administrative jurisdictional boundaries.

RATIONALE On a number of occasions we found that disabled workers were prevented from returning to work because the position that they could handle from a medical stand point came under the jurisdiction of another bargaining unit or administrative unit.

14. It is recommended that the Rehabilitation Task Force comprised of representatives of the Workers Compensation Board, Health Sciences Centre and University of Manitoba be instructed to proceed with the feasibility study regarding the expansion of the medical rehabilitation facilities at the Health Sciences Centre, and in the process, consider the accommodation of more of the rehabilitation services in any expansion.

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RATIONALE A working paper containing recommendations for expansion to the rehabilitation facility at the Health Sciences Centre was completed in late 1981 and presented to the Board for consideration. The Board, following consultation with the Minister responsible for the Board, recommended that a task force comprised of representatives of the Workers Compensation Board, Health Sciences Centre and University of Manitoba conduct a feasibility study surrounding the proposed recommendations. This study was temporarily put on hold pending the findings of this Committee. This Committee believes that it is essential to recognize the future needs in the area of rehabilitation, therefore the recommendation to carry on with this study.

15. It is recommended that the staffing complement of the rehabilitation department be increased progressively and maintained to allow for a 50 - 1 worker to counsellor ratio. Additional support staff and staff required to improve the efficiency of the re-employment program will undoubtedly result from the reduction of the worker to counsellor ratio.

RATIONALE The ratio of 200 workers to one counsellor that existed at the commencement of this Committee's function was considered to be totally unacceptable by any standard. One of the major reasons for this totally unacceptable ratio was the change in philosophy by the new administration which resulted in a greater number of workers being entitled to the services of the rehabilitation program. That ratio prompted the Committee to make an interim recommendation calling for additional counsellors so that the urgent needs of the workers could be met. It is our understanding that this interim recommendation received a positive response and that with the additional counsellors, the worker to counsellor ratio has been reduced to approximately 95 to 1. The desired ratio, obtained through jurisdictional studies, was 35 to 1, however, the majority of our sources conceded that they were operating at the 50 to 1 ratio level. It was felt that the original ratio (200 to 1) created unnecessary delays in the development of rehabilitation programs and as well was extremely costly during the maintenance of these workers on full benefits until sufficient

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time was found to develop a rehabilitation program. It is hoped that this situation has been somewhat alleviated by the additional staffing brought about through the interim report.

16. The following recommendations are being made as a result of numerous presentations made to the Committee regarding accommodation of workers and/or their families during a period where the worker is required to remain in a centre remote from home.

1) That educational programs, preferably with some directly relevant vocational/professional component be planned by rehabilitation counsellors with the client and the treating personnel. Such activities would be planned to occupy most of the inevitably major portions of the day and week not occupied by medically therapeutic and rehabilitative activities.
2) That such educational activities and programs need not bear any direct relationship to the job or trade or profession in which the client was engaged when he/she was injured. Equal or even greater weight should be given to the apparent capacities, motivation and desires of the client in the long term in the selection of educational programs. Input would also be solicited from medical and paramedical persons involved with the client.
3) That living accommodations provided need not be luxurious but must provide clean and adequate shelter and food and opportunity for privacy and be compatible with the treatment and educational programs planned. They should also be compatible with opportunity for reasonable recreational activity. Counsellors should also offer advice and assistance in recreational activities on an individual or group basis.
4) That the Board continue to exercise its discretionary authority in approving appropriate assistance in family and/or spouse visiting and/or in temporary or permanent family relocation when such visitations and/or relocations are seen to constitute a significant

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contribution to treatment and vocational rehabilitation in both the short and/or long term. It is the view of the Committee that some applications for such visitations and relocations tend to be more concerned with the "togetherness of the family unit" than with the impact of the relocation upon the various members of the family unit.

It is also suggested that family visitations and temporary routine re-locations on a "demand" basis as "a right" may not necessarily result in any really significant input by the injured worker into the functioning of the family unit. Relocation is not to be entered upon lightly but only when the probable impact upon all members of the family unit has been carefully considered.

All such visitations and relocations should be approved by the Board on a "ad hoc" basis.

RATIONALE The Committee believes that the above recommendations will provide a better understanding on this matter as well as provide specific guidelines with a certain degree of flexibility.

17. It is recommended that Section 32(1.1) of the Workers Compensation Act be amended to allow for the application of this section to not only workers with permanent partial disabilities, but also those where an impairment exists which prevents them from returning to their pre-accident vocation or where a return to their pre-accident vocation may result in an exacerbation or aggravation of their compensable condition. It is also recommended that this amendment allow for the annual review of the wage supplement payable using present day earnings of the pre-accident vocation versus actual earnings of the worker at the time of the review or the application of a formula based on the average industrial composite wage. If this recommendation is proceeded with, other amendments in related sections may become necessary.

RATIONALE The present wording of this section limits the wage supplement to those workers that have a rateable disability only and the usage of the

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earnings at the time of the accident in calculating wage supplement does not adequately reflect the true loss of earning capacity created by that disability or impairment on a continuing basis.

18. It is recommended that the Workers Compensation Act be amended to allow for a retirement pension supplement where the Board has provided an income supplement under subsection 32(1.1) and where the worker has occasioned a loss in retirement income due to early retirement or change of vocation.

RATIONALE Early retirement or a change of vocation as a result of compensable disability often are accompanied by a loss of retirement income and at the present time there is no recognition of this loss.

19. It is also recommended that Sections 37, 37(1), 39 and 39(1) of the Workers Compensation Act be amended to provide for automatic annual adjustments to temporary total disability benefits based on the cost of living or more appropriately, the average industrial composite wage in cases where the disability period is prolonged for a period of greater than one year. These adjustments would be subject to the maximum in effect at the time of review.

RATIONALE Under the existing legislation a worker receiving maximum compensation benefits and who is continuously disabled for a prolonged period of time will remain at the same level of benefits for the entire disability period without any increase. We do not believe that this anomaly should be allowed to continue.

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Supplementary Concerns

Supplementary Concerns

This section is comprised of issues that we believe warrant consideration but that either do not fall completely within the Committee's terms of reference or require varying degrees of further study in order to properly address. Given the time constraints placed on this Committee, it would be impossible to provide the time necessary to deal conscientiously with these additional issues. We have, therefore, highlighted these issues with the hope that attention would be drawn to these issues and that as a result, some form of remedial action initiated.

1. The rating of disability awards is an issue that we believe requires immediate review to determine the effectiveness based on present day knowledge. Little is known about the rating schedule presently being used by most, if not all, of the provincial compensation boards. It is not known what factors are built into this rating schedule and for that reason alone remains suspect. There is confusion due to the interpretation given the two factors, "impairment" and "disability", with the two being interchangeable at times as to usage. There is need for separation with the proper interpretation applied to each. DISABILITY - inability to perform a given piece of work, and thus occasioning a wage loss. IMPAIRMENT - loss of integrity or function of a part of the body, and thus the social consequence.

   The rating of the loss of the body part or function can probably best be done by the physicians. The rating for the disability and the social consequence is an area where those involved in the Rehabilitation process should have some input and ultimately, the Board of Commissioners. Of recent date a paper prepared by Dr. K. O. Wylie, of our Manitoba Board, was given to the Annual meeting of the Compensation Boards of Canada dealing with this very issue. This, together with presentations from interest groups that came forward during the public hearings has prompted our sincere concern in this area and strongly urge that more detailed study be done.

   On this same topic we received a small number of requests that the Board make known to all recipients of permanent disability awards that their re-entry into the work force will in no way bring about a reduction in their disability award under any circumstances.

2. It was suggested on a number of occasions during public hearings that a worker be transferred to another counsellor in situations where a personality conflict is obvious or where a counsellor, for any reason, is unable to motivate a worker. We can see merit to this suggestion, however, we would prefer to see this matter resolved internally so as to build in the necessary safeguards against abuse of the privilege to transfer under certain circumstances. Of paramount importance is successful rehabilitation and we do not believe that this should be obstructed in any way by unnecessarily breaking continuity of the worker-counsellor relationship.

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3. During the hearing process presentations were received that suggested that the rehabilitation counsellors become more familiar with the different work environments in order to obtain a better understanding of the workers situation. This would in turn provide for a more cohesive relationship. Again, we believe that this issue should be dealt with on its' own merits but that this should be done internally rather than by this Committee because of the aforementioned time constraints.

4. The selection of information pamphlets presently provided by the Board received a positive response from a number of organizations and one individual recommended that a pamphlet, alerting a worker to the possible social impact created by an injury, be added to this series. The Committee felt that this recommendation was deserving of further consideration but that professional input should be solicited before making a firm recommendation. We wanted to ensure that the reaction to such a pamphlet would be, in the main, positively and not negatively received.

5. One area that we found rather interesting and worthy of further exploration was the possibility of extending rehabilitation services to dependants and/or spouses in the event of a compensable fatality or where the worker is unable to return to any form of meaningful employment. Although imminent problems can be foreseen, the psychological benefit as well as cost effectiveness of such a program is also recognized and for those reasons alone warrants a feasibility study.

6. It is imperative that rehabilitation counsellors be both cautious and sensitive in their dealings with any worker required to accept meaningful employment that does not provide him/her with an earning capacity equivalent to that enjoyed prior to the accident. The worker should have a clear understanding that given ones particular circumstances it may be unrealistic to expect to meet or better the pre-accident earning capacity. This is a very delicate stage in a workers life and if approached insensitively could create irreversible emotional damage. The salvation is not in the entitlement to a wage supplement, but rather the recognized need for sensitivity. To this end, we would like to see suitable emphasis placed on this issue.

7. Impact of an "In House" accreditable Employee Occupational Safety & Health program upon the servicing of its clients by the WCB.

   The Committee received representations from the Occupational Unit of the Manitoba Medical Association relating to the benefits experienced as a result of the presence in an organization of an accreditable Employee Occupational Safety & Health program. (abbreviated E.O.S.H. program) Such programs exist in many large industrial organizations and in "free standing" occupational health clinics servicing groups of smaller industries not of a size to require full time E.O.S.H. staff personnel.

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The Committee believes that the possible benefits of this program to the rehabilitation system should be fully explored. More detail re Employee Occupational Safety and Health programs is readily available upon request.

8. It has been suggested to the Committee that formal liaison and communication be established between the WCB, Workplace Safety & Health people and organizations and accident investigation organizations, unions and employer associations for the following purposes:

1) to identify employers with bad safety records.
2) to identify employees and groups with bad safety records thus enabling some pressures such as experience rating to be placed upon offenders to improve safety practices.
3) to identify employers who lack "re-employment of handicapped employees" policies so that these employers may be made aware of the cost benefit advantages of developing such policies.
4) to identify and guide into re-employment and re-training channels WCB clients who, for one reason or another, have not returned to their pre injury employer and thus facilitate the rehabilitation of those partially disabled and handicapped clients.

This suggestion may not fall within the terms of reference of the Committee - if strictly observed - but the Committee suggests that this concept does have ramifications that could develop very significant impact upon the improvement and further development of the effectiveness of rehabilitation services in Manitoba as well as developing a major preventive function in workplaces in terms of identifying, analyzing and classifying causes and the nature of the various injuries and insults to persons that occur in workplaces. Such formal channels of communication would be invaluable in the development of "Job Bank" data and in facilitating placement and/or re-training of handicapped persons. Such communication between the listed (and similar) organizations would also encourage the execution of significant epidemiologic studies - both retrospective and prospective - thus contributing to the prevention of work related disabilities and thus reducing the number of persons in need of rehabilitation.

The Committee therefore recommends that consideration be given to the establishment of formal channels of communication between these above named groups and organizations. Such channels of communication and administrative linkages are being developed in other provincial jurisdictions in a variety of ways. Information can be made available to interested parties including what is in being in some other provincial jurisdictions.

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9. It has been suggested to the Committee that the principle of workplace mock ups be further developed within the Manitoba Rehabilitation Hospital. The Committee agrees that workplace "Mock Ups" have a place in Rehabilitation assessment and Training programs at times but suggests that any expansion contemplated in this area be subject to careful cost-benefit scrutiny and comparison with real "on the job" testing and/or rehearsing with the real tools and machines to be used operationally. "Mock ups" can be very expensive and the bottom line is how the handicapped person can handle the true operational situation.

10. It has been suggested to the Committee that Therapeutic and/or diversionary Occupational Therapy may lead to the development of useful and remunerative vocational skills in the client. The Committee agrees that there is major potential for development of vocational and avocational skills in all Occupational Therapy programs and that such programs may well be expanded with benefit to all concerned.

11. It has been suggested to the Committee that W.C.B. data is not presently available in a form and in volume that permits effective retroactive analysis of W.C.B. performance or important retrospective studies of various clinical problems and classes of problems.

    It is the impression of the Committee that the matter of data storage and retrieval is a very important question. It is strongly urged that the services of a qualified statistician be retained so that the selection and manner of storage of data generated in the ongoing operations of the board will permit retrieval of meaningful information that can be analysed and utilized. It is our opinion that this step is crucially urgent as the board prepares to "bank" its future data. It must be banked in a form and manner that will permit retrieval of valid and important data and the planning for this must be now and must involve not only the Board of Commissioners but the Academic Rehabilitation authorities in the community who are working with both the clients and the data.

12. It has been suggested to the Committee that there is still a paucity of psychiatric and clinical psychologic services in the Manitoba Rehabilitation in spite of the recent recruitment of an additional clinical psychologist.

    The Committee believes that this question will fall under the purview of the recommended task force which it is hoped will be reviewing in depth the overall functions of the Manitoba Rehabilitation Hospital.

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13. It was suggested to the Committee that greater support be given to the development of "Pain Clinics" aimed at diagnosis and management of disabling and/or intractable pain.

    It is our opinion that "the jury is still out" with respect to the effectiveness of "Pain Clinics" in their present forms. Experience in Manitoba has been mixed and we have not encountered convincing evidence of resounding successes of such clinics in other jurisdictions explored. It is understood that this question is currently under review at the Manitoba Rehabilitation Hospital.

14. It was suggested to the Committee that stress in the workplace is being, for the most part, overlooked by WCB and largely overlooked by modern medicine.

    It is the opinion of the Committee that the various stresses felt by persons in the workplace and/or as a result of handicaps are generally well recognized but frequently the effective treatment is removal of the client from the cause - which is rarely, if ever, immediately possible and/or compatible with continuing gainful employment.

    Recognizing the magnitude of the problem this Committee believes that research should be undertaken to determine what, if any, responsibility the Workers Compensation Board should assume in this area.

Continued . . .

Overview

AN OVERVIEW

The foregoing recommendations and rationale are predicated on the realization that the intent of the Act is to provide an income protection benefit to all persons with an approved claim during the full period of recovery, including any period one may be engaged in a Rehabilitation program, and until able to return to one's pre-accident employment or some such other suitable employment with an earning capacity somewhat equivalent to that experienced formerly. Income protection in this regard being a wage loss payment at the equivalent of 75% of one's earnings at the time of the disabling impairment, subject only to the limitation of the then impending ceiling to which benefits are payable.

Assisting the Committee to this realization was the broad and articulated interpretation of the Act as expressed by the Lampe Report and where it was emphasized that Rehabilitation was of equal importance to that of basic Compensation as it is generally known. The continuing wage-loss payment whether it be the full amount or a declining amount where one commences to earn partial wage to that formerly should properly be charged to the Accident Fund rather than to Rehabilitation as we understand has been done for some time.

The separate channeling of payment for wage loss at the point one is declared no longer Totally (temporary) Disabled and changed to the category of only Partially (temporary or permanently) Disabled has been the cause of great consternation and unwarranted stress on the claimant as at this point it has been the practice of Claims Services to advise the claimant his Compensation benefit has been terminated. This practice should be discontinued as the wage-loss payments are a continuing obligation under the now given interpretation of the Act.

To emphasize this point, reference can be made to the Ontario Act where their section 41 deals precisely with the question. Subsection(1) (a) deals with a return to work and where there remains a wage-loss difference and Subsection (1) (b) where there is not a return to work. Section 41 is cited:

"41. (1) Where temporary partial disability results from the injury, the compensation shall be,

a) where the worker returns to employment, a weekly payment of 75 per cent of the difference between the average weekly earnings of the worker before the accident and an average amount that he is able to earn in some suitable employment or business after the accident; or

b) where the worker does not return to work, a weekly payment in the same amount as would be payable if he were temporarily totally disabled, unless he,

(i) fails to co-operate in or is not available for a medical or vocational rehabilitation program which would, in the Board's opinion, aid in getting him back to work and in lessening or removing any handicap resulting from his injuries, or

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(ii) fails to accept or is not available for employment which is available and which in the opinion of the Board is suitable for his capabilities. R.S.O. 1980, c. 539, s. 41(1); 1982, c. 61, s.2.

(2) Where subclause (1)(b)(i) or (ii) applies, the compensation shall be a periodic amount proportionate to the degree of earnings impairment resulting from the accident as determined by the Board, and subsection 43 (4) applies."

This was an amendment to their Act in 1980. It is suggested that some such provision be put in Manitoba legislation to clarify this point by way of an amendment. In Ontario all wage-loss payments are charged to the Accident Fund. Those costs for services and kind associated with the Rehabilitation process are all that is charged to the Rehabilitation Account. This difference with that practiced in Manitoba makes comparisons inappropriate. It should be noted that all wage-loss charges as well as those for Rehabilitation are ultimately charged to the Accident Account and covered through assessments in the normal way. Section 54 of the Ontario Act, is at point, and is cited in this regard.

"54. To aid in getting injured workers back to work and to assist in lessening or removing any handicap resulting from their injuries, the Board may take such measures and make such expenditures as it may deem necessary or expedient, and the expense thereof shall be borne, in Schedule 1 cases, out of the accident fund and, in Schedule 2 cases, by the employer individually, and may be collected in the same manner as compensation or expenses of administration."

This was also an amendment made in 1980.

The legislation here in Manitoba is less clear and badly in need of clarification through amendments to the Act as was done in Ontario.

The applicable sections of our Act (Manitoba) to which the Board is now responding are Sections 24(16), Section 24(21) and Section 32(1.1) and are cited as follows:

"Section 24(16) Vocational Training.

The board may provide for any injured workman, whose earning capacity in his previous occupation has been permanently impaired by the injury, such vocational training as may be deemed advisable for the purpose of preparing the injured workman for another occupation to which he may seem adapted and which is likely to increase his future earning capacity; and to that end the board may contract with an institution; or institutions furnishing such vocational training, and may adopt rules and regulations for that purpose and for the payment of the training.

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Section 24(21) Measures for rehabilitation.

To aid in getting injured workmen back to work and to assist in reducing or removing any handicap resulting from their injuries, the board may take such measures and make such expenditures from the accident fund as it deems necessary or expedient.

Section 32(1.1) Special additional compensation.

Where the board is satisfied that an injury in respect of which it has allowed compensation under section (1) has occasioned a loss in earning capacity that is proportionately greater than the physical loss on the basis of which the compensation is allowed, it may

(a) during a period when the workman is taking rehabilitation training satisfactory to the board; or

(b) if the board is satisfied that rehabilitation training is not indicated; or

(c) if the board is satisfied that, after a fair and honest effort by the workman, rehabilitation has not produced a earning capacity that is reasonably equivalent to his earning capacity before the injury reduced by the physical loss on the basis of which the compensation is allowed;

increase the compensation allowed under subsection (1) in such amount as it considers fair and just, but the total compensation shall not exceed seventy-five per cent of the average earnings of the workman."

In referring to these Sections of the Act as being applicable, the Commissioners, in their initial submission to our Committee, had the following comment:

"In respect to the application of these three sections of the Act, it may establish an earning capacity equivalent to his pre-injury income, and that the Board should provide any necessary or expedient assistance to aid the worker in this endeavor.

If at the conclusion of this rehabilitation process the worker suffers an income loss, the Board may provide additional compensation benefits to offset the loss of earning capacity."

The Commissioners went on to identify the policy guidelines with a clear statement of intent and cited as follows:

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INTENT

"It is the intent of the Workers Compensation Board to provide a Vocational Rehabilitation Department for the following purpose.

> "To assist all injured workers who, by way of compensable injury, are unable to resume; or are advised not to resume pre-injury employment; return to gainful employment at or near the pre-injury income level; and/or develop the potential for similiar future earnings."

Vocational Rehabilitation Services will be provided to all injured workers who, as a result of a compensable injury or condition, experience limitations or restrictions in returning to pre-accident employment.

It is the Board's belief that Vocational Rehabilitation is a service oriented system in that the Vocational Rehabilitation plan and process for each eligible worker is of primary importance and must be focused on the following issues:

(1) will the program provide for an early return to work

(2) will the program assure the worker a productive employment role

(3) will the projected income allow for self-sufficiency (no wage loss)

(4) will the program be practical which means attainable

(5) will the worker be able to assume and maintain his quality of life"

The present Board of Commissioners are to be commended for setting out in such clear terms what they perceive to be the intent of the legislation. This Committee has no hesitation in endorsing this philosophy. The services as alluded to in their following submission have been previously referred to in our foregoing recommendations with little modification for clarification purposes.

A Cost Benefit Approach

The obvious summation of the statistical data supplied the Committee indicates that there has been a continuing escalation of costs over the past two years due to the acceptance of the Lampe Committee recommendations firstly to some limited degree by the former Board of Commissioners and more substantively so by the present Commissioners and as they have perceived what their responsibilities are with their stated intent as set out above.

The total costs for compensation here in Manitoba as reported for 1982, while rising, are considerably below those costs in other provinces. This is reflected in assessment rate comparisons as expressed as a ratio to payroll.

This is clearly reflected in comparing assessment rates with other provinces. The rates reflect the average dollar charged employers per $100.00 of payroll. For the year 1982, the average rate charged in

Manitoba was $1.02,
Saskatchewan $1.49,
Ontario $1.98,
Alberta $2.07 (1981 last reported rate),
British Columbia $2.72

From this comparison one can see that Manitoba employers are paying about half that charged to their counterparts in the other provinces. This may indicate a degree of underfunding of the rehabilitation process, which reasoning could be supported by the actual financial disbursements of the Rehabilitation Department and the actual programs in effect in the past. Heretofore there has not been any significant rehabilitation program designed to restore those who have encountered disabling occupational injuries to a state where they can be subsequently accommodated in gainful and meaningful employment, and employment with an earning capacity as formerly, and with similar expectations.

Recognizing deficiencies of the past, it behooves all those involved to see that the system works effectively and efficiently. To this end, rehabilitation can be cost effective providing employers are prepared to meet a responsibility to continue to employ their accident impaired workers on being restored to reasonable health and competency following rehabilitation.

Studies undertaken elsewhere indicate there is at least a 3:1 cost-benefit factor by providing a successful Vocational Rehabilitation program. The costs of such a program are offset by having such persons productively and gainfully employed and contributing to society, and thereby reducing or eliminating wage loss compensation benefits that would be otherwise ongoing for one's lifetime with such costs being reflected in the employer's payroll assessment.

Where employers refuse to continue to employ such persons there is in fact the cost of providing full wage loss compensation benefits while remaining idle and until he/she is able to be placed in other employment. Where the new employment is less remunerative, the difference or remaining wage loss is continuing and must be picked up. This is also chargeable to the original and defaulting employer and similarly included in that employer's compensation cost experience and hence their assessment rate and greater costs.

Employer organizations must also understand the reality of this equation and particularly the various industry classifications that are grouped for assessment rate setting. It should be recognized that there is a challenge here for assertive action to see that job opportunities are made available for rehabilitated workers within the spectrum of the industry for the same

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aforesaid reason. It is expected that unions should become interested as well in establishing such reentry or reemployment programs. And yes, even where the reemployment means moving into another union's jurisdiction and therein being assimilated, particularly where the same employer is involved and/or in the field where one's work experience and training would be an asset.

The right of an injured worker to retain one's former employment and thereby able to maintain their vested interest in their job such as seniority and benefits such as pensions etc., is being recognized. The Ontario Government has draft legislation under active consideration following the study of the Weiler Commission to make the requirement mandatory. Serious efforts should be made to meet this obligation voluntarily in this province, by all parties concerned, rather than necessitating the imposition of such similar legislation. By earnest effort the travesties that can befall victims of industrial accidents, in both human and economic terms, can be mitigated if there is a will to meet the challenge.

Acknowledgements

ACKNOWLEDGMENTS

The Committee's task was made much more easier by the co-operation and assistance provided by the Board of Commissioners and staff of the Workers Compensation Board. The professional and comprehensive briefs submitted to the Committee were invaluable during final deliberations. The Committee's appreciation is extended to those organizations and individuals who provided us with their views, both orally and through written presentations.

The Committee is also most appreciative of the co-ordinating and secretarial efforts provided by Mr. Craig Cormack, who was assigned to the Committee for its entire duration.

Finally, appreciation must be expressed for the two dedicated individuals who saw this document through to its typed execution.

Ms. Sharon Peters

Ms. Marg Semler

The Committee is aware that some of its findings are being acted upon prior to the completion of this report and we commend the Board for this positive and responsible attitude.

Hon. Art Coulter,
Chairperson
Section 100 Committee

HEARING DATES AND PRESENTERS

- March 1, 1983 (Winnipeg)
  Mr. John McNevin - Worker Advisor Program

- March 8, 1983 (Winnipeg)
  Ms. Sonny Arrojado - Workers Compensation Board
  Mr. Harvey Miller - Workers Compensation Board

- March 15, 1983 (Winnipeg)
  Mr. Dan Mars - Workplace Safety & Health Division

- March 22, 1983 (Winnipeg)
  Mr. John Huta - Injured Workers Association
  Mr. Bill Borduch - Injured Workers Association

- March 29, 1983 (Winnipeg)
  Mr. Leo Desilets - Building Trades Council

- April 5, 1983 (Winnipeg)
  Mr. John Lane - Human Rights Commission

- April 13, 1983 (Winnipeg)
  Mr. Dick Martin - Manitoba Federation of Labour
  Mr. Alf Cerelli - Manitoba Federation of Labour
  Mr. Harry Typa - Manitoba Federation of Labour
  Mr. Bill Kennedy - Manitoba Federation of Labour
  Mr. Nils Thibeault - Manitoba Federation of Labour
  Mr. Clint Hornby - Manitoba Federation of Labour

- April 19, 1983 (Winnipeg)
  Mr. John Huta - Injured Workers Association
  Mr. Clint Hornby - Public Service Alliance
  Mr. Bert Chymyshyn - Workers Compensation Board Claimant
  Mr. Bill Hykawy - Workers Compensation Board Claimant
  Mr. Walter Juskiw - Workers Compensation Board Claimant
  Ms. Ann Berard - Workers Compensation Board Claimant
  Ms. Doris Smetaniuk - Workers Compensation Board Claimant
  Mr. Wayne Bell - Workers Compensation Board Claimant

- April 25, 1983 (Thompson)
  Mr. Bill Vail - Manitoba Government Employees Association
  Mr. Mike Pavlek - Workers Compensation Board Claimant
  Mr. Tom Farrell - International Nickel Company
  Mr. Morgan Svendson - United Steelworkers of America Local 6166
  Mr. Jim Sanders - United Steelworkers of America Local 6166

- April 26, 1983 (Flin Flon)
  Mr. Dallas Mymko - United Steelworkers of America Local 7106
  Mr. Mike Hanishewski - Workers Compensation Board Claimant

Continued . . .

- April 27, 1983 (The Pas)
  Mr. Donald Anderson - Workers Compensation Board Claimant
  Mr. James Anderson - International Woodworkers of America Local 1-324
  Mr. Gordon Landriault - International Woodworkers of America Local 1-324

- May 3, 1983 (Brandon)
  Mr. Mike Mushumanski - Workers Compensation Board Claimant
  Ms. Marie Gagnon - Workers Compensation Board Claimant
  Mr. Harold Milligan - Workers Compensation Board Claimant
  Mr. Norm Murphy - Workers Compensation Board Claimant
  Mr. Ed Hill - Workers Compensation Board Claimant
  Mr. Mike Holinaty - Workers Compensation Board Claimant
  Mr. Dale Holmstrom - Workers Compensation Board Claimant
  Mr. Robert Kolesar - Workers Compensation Board Claimant

- May 10, 1983 (Winnipeg)
  Dr. Ron Bowie - Health Sciences Centre - Rehabilitation
  Mr. Bruce Harber - Health Sciences Centre - Rehabilitation

- May 17, 1983 (Winnipeg)
  Mr. Clint Hornby - Public Service Alliance
  Mr. Paul Teskey - Manitoba Professional Firefighters Association and
  United Firefighters of Winnipeg Local 867

- May 24, 1983 (Winnipeg)
  Dr. Keith Lowe - Manitoba Department of Labour and Employment Services

- May 31, 1983 (Winnipeg)
  Dr. Garry Hawryluk - Psychological Association of Manitoba
  Dr. Paul Tisdale - Manitoba Division of Canadian Medical Association

- June 7, 1983 (Winnipeg)
  Mr. Richard Rybiak - Canadian Manufacturers Association
  Ms. Josie Karpa - Red River Community College

- June 9, 1983 (Winnipeg)
  Mr. Jim Wright - Winnipeg Chamber of Commerce

- June 14, 1983
  Ms. Sonny Arrojado - Workers Compensation Board
  Mr. Don Bulloch - Workers Compensation Board

In addition to the above, written submisions were received as follows.
  Mr. Alex Kozubal - Canada Post
  Mr. Ken Samuda - Workers Compensation Board Claimant

Transcripts from the above presentations are available for perusal at the Environmental Management Division library, Building #2, 139 Tuxedo Avenue, Winnipeg, Manitoba.

POOR

QUALITY

ORIGINAL